

Foundations in Genesis Idaho
Field Trip Sign Up and Consent Form

Please fill out the information below to sign up for an upcoming field trip! Thank you for your interest!

Each participant is required to agree to the Release of Responsibility and Risk Assumption Statement as described below in order to participate in a FIGI field trip. Thank you for your cooperation!

Name of field trip you are signing up for	
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Full Name of Primary Participant	Email Address	Phone Number

Names of Additional Participants	Signature	Age

Please have all participants read the agree to the agreements and waivers on the following page. Thank you!

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FIELD TRIP RISKS

Recognizing the normal risks of recreational activities, such as high altitudes, inclement weather, possible rock fall and other natural occurrences; forces of nature; accident or illness in remote areas without access to medical facilities call, or means of rapid evacuation and assistance, I agree to participate at my own risk and abide by all rules and regulations established by Foundations in Genesis in Idaho.

I, individually, release from all liability Foundations in Genesis in Idaho, its agents, officers, servants and all parties involved from any and all liability, claims, damages and actions whatsoever arising out of or related to any loss, damage or injury that may be sustained by myself or my children while participating in activities connected with and sponsored, in whole or in part, by Foundations in Genesis in Idaho. This also includes release of responsibility for loss of or damage to personal property.

By this authorization, I give permission to any employee, agent or professional of Foundations in Genesis in Idaho to have myself herein examined and treated by a physician and admitted for hospital care, if, in their judgment, such examination, treatment, or hospital care becomes necessary while I am participating.

I have read this Waiver of Liability and acknowledge my full understanding of its meaning and content as evidence by my signature.

Signature of Primary Participant

Date

ASSUMPTION OF RISK

I certify that I am familiar with the dangers, hazards and risks incident to climbing and trekking in the outdoors as listed above. I accept and clearly understand that these hazards and risks may result in personal injuries to myself and others of my family, and hereby expressly assume the above risks including the risks of acts and omissions of Foundations in Genesis in Idaho, its agents, officers, directors, associates, affiliated companies or subcontractors and do hereby expressly agree to hold Foundations in Genesis in Idaho, its agents, officers, directors, associates, affiliated companies or subcontractors harmless and defend themselves against any and all liability.

Signature of Primary Participant

Date

I HAVE CAREFULLY READ, FULLY UNDERSTAND AND DO AGREE TO ALL OF THE STATEMENTS AND CONDITIONS CONTAINED IN THIS RELEASE OF RESPONSIBILITY AND RISK ASSUMPTION STATEMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A LEGALLY BINDING AND ENFORCEABLE CONTRACT BETWEEN MYSELF AS WELL AS ANY DEPENDENT CHILDREN PARTICIPATING IN THIS EVENT AND FOUNDATIONS IN GENESIS IN IDAHO AND I SIGN IT OF MY OWN FREE WILL.

Signature of Primary Participant

Date